

Hand-Delivered

UNITED STATES DISTRICT COURT

FILED
ASHEVILLE, NC

for the

NOV 22 2022

District of

U.S. DISTRICT COURT
W. DISTRICT OF N.C.

Division

Case No. 1:22-cv-00251

(to be filled in by the Clerk's Office)

Pakuja Crystal Vang

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Valdese Weaver

Defendant, Third-party plaintiff(s)

(Write the full name of each defendant/third-party plaintiff. If the names of all the defendants/third-party plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

North Carolina, Virginia, Washington Dc, South
Carolina

Third-party defendant(s)

(Write the full name of each third-party defendant. If the names of all the third-party defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

THIRD – PARTY COMPLAINT

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Pakuja Crystal Vang

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Street Address	homeless
City and County	
State and Zip Code	
Telephone Number	
E-mail Address (<i>if known</i>)	crystalchax@gmail.com

B. The Defendant(s)/Third-Party Plaintiff(s)

Provide the information below for each defendant/third-party plaintiff named in the complaint. Attach additional pages if needed.

Name	Valdese Weaver
Street Address	1000 Perkins Rd SE
City and County	Valdese, Burke County
State and Zip Code	North carolina, 28690
Telephone Number	(828) 874-2181
E-mail Address	

C. The Third-Party Defendant(s)

Provide the information below for each third-party defendant named in the complaint, whether the third-party defendant is an individual, a government agency, an organization, or a corporation. For an individual third-party defendant, include the person's job or title (*if known*). Attach additional pages if needed.

Third-Party Defendant No. 1

Name	North Carolina
Job or Title (<i>if known</i>)	
Street Address	20301 Mail Service Center
City and County	Raleigh, Wake county
State and Zip Code	NC 27699-0301
Telephone Number	(919) 814-2000
E-mail Address (<i>if known</i>)	

Third-Party Defendant No. 2

Name	Virginia
Job or Title (<i>if known</i>)	

Street Address	P.O. Box 1475
City and County	Richmond
State and Zip Code	VA, 23218
Telephone Number	804-786-2211
E-mail Address <i>(if known)</i>	

Third-Party Defendant No. 3

Name	Washington Dc
Job or Title <i>(if known)</i>	
Street Address	PO Box 40002
City and County	Olympia, Thurston County
State and Zip Code	Wa 98504-0002
Telephone Number	360-902-4111
E-mail Address <i>(if known)</i>	

Third-Party Defendant No. 4

Name	South Carolina
Job or Title <i>(if known)</i>	
Street Address	1100 Gervais Street
City and County	Columbia
State and Zip Code	South Carolina 29201
Telephone Number	1-803-734-2100
E-mail Address <i>(if known)</i>	

II. Initial Complaint

- A. Identify the initial complaint filed against you and the date it was filed. Describe the events that gave rise to the plaintiff's complaint, the nature of the claims asserted, and the relief sought. Attach the complaint as an exhibit.

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- B. State whether you have filed an answer to the complaint and, if so, briefly summarize what admissions or denials that answer asserted. Attach the answer as an exhibit.
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III. Third-Party Complaint

- A. Describe the nature of the relationship between you and the third-party defendant. Attach any contracts or documents showing the nature of the relationship.

Usb drive show most medical documents that I was able to retain, recordings and insurance cards. Mostly insurance and medical care provider, public services like social security and social service office and other places or people that I was delay benefit and other issues. Misdiagnose on purpose or refused to retain medication from pharmacy.

- B. Explain why, if the plaintiff received any judgment against you, you will be entitled to judgment against the third-party defendant for contribution to or indemnification for the amount of damages and costs awarded to the plaintiff. Include the percentage of the plaintiff's recovery that the third-party defendant will be required to contribute. Describe the facts, or relevant provisions of state law, that demonstrate you are entitled to collect from the third-party defendant.

Third-party liability" refers to bodily injury caused to a person because of a negligent or reckless third party's actions or omissions. Third-party liability may arise when an individual or entity that is separate from the employer causes the workplace accident. State's laws, a person harmed as a result of the negligence of another can sue for recovery of damages if the wrongdoer refuses to compensate the injured person. The NCTCA applies in any case where a state officer, employee, or agent engages in negligent behavior and causes harm while acting as a government employee. In these cases, the act makes it so you can sue the state just like any person or company.

When you are also negligent in an accident that resulted in your injuries, you can still recover damages as long as your fault was below 51%. This is stipulated in South Carolina's comparative negligence rule.

IV. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 11/22/2022

Signature of Defendant/Third-Party Plaintiff

Printed Name of Defendant/Third-Party Plaintiff


Pakuja Crystal Vang

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address
